Deer Flat National Wildlife Refuge

Program Request Form



Name:		
Phone #:	E-mail:	
School or Organization	1:	
Program Requested:	48	
What background will	your students have in this t	opic?
	E-mail:	
What, if any, particula	r program material would ;	you like emphasized?
	1600	7 BAN
Date/s Desired:		Time:
# Classes:	# Students:	Grade Level/Age:
Program Location:		
Special Needs or Consi	derations:	Henriella Ben S
Mili		

Please schedule programs at least 2 weeks in advance.

Mail, e-mail, or fax to:

Deer Flat National Wildlife Refuge Education Program 13751 Upper Embankment Road Nampa, ID 83686

Phone: 208.467.9278 **Fax:** 208.467.1019

E-mail: deerflat@fws.gov